

JUL 07 2005

KCC 4929 (K-C 18,622)
PATENTLaw Offices of
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FACSIMILE TRANSMITTAL COVER SHEET

DATE: 7/7/05 ATTORNEY DOCKET NUMBER: KCC4929
PTO FACSIMILE NUMBER: (703) 872-9306PLEASE DELIVER THIS FACSIMILE TO: McCormick Ewoldt, Susan Beth
THIS FACSIMILE IS BEING SENT BY: Laura J. Hilmert
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CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being facsimile transmitted to
the Patent and Trademark Office on the date shown below.Christina M. Spencer
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Signature DateType of paper transmitted: Request for One Month Extension of
TimeApplicant's Name: David W. Koenig, et al.Serial No. (Control No.): 10/624,186 Examiner: McCormick EwoldtFiling Date: 7/22/03 Art Unit: 1615 Confirmation No.: 6849Application Title: WIPE AND METHODS FOR IMPROVING SKIN HEALTHIF YOU DO NOT RECEIVE ALL PAGES CLEARLY, CALL BACK AS SOON AS
POSSIBLE. CONFIRMING NUMBER IS (314) 231-5400.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit 1615 JUL 07 2005

Application of David W. Koenig et al
Serial No. 10/624,186
Filed July 22, 2003
Confirmation No. 6849
For WIPE AND METHODS FOR IMPROVING SKIN HEALTH
Examiner MCCORMICK EWOLDT, SUSAN BETH

July 7, 2005

PETITION FOR EXTENSION OF TIME

TO COMMISSIONER OF PATENTS,

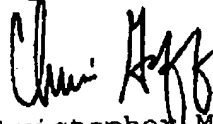
SIR:

Applicant hereby petitions for a one month extension of time up to and including July 9, 2005, in the above-identified application.

This extension is being obtained to ensure co-pendency of the subject application and a continuation application being filed simultaneously herewith.

The Commissioner is hereby authorized to charge \$120.00 for the one month extension of time, as well as any under-payment or credit any over-payment, to Deposit Account No. 19-1345.

Respectfully submitted,



Christopher M. Goff, Reg. No. 41,785
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CMG/LJH/cms

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FEE TRANSMITTAL

Application Number 10/624,186

Art Unit 1615

Filing Date July 22, 2003

Confirmation No. 6849

Inventor(s) David W. Koenig et al.

Examiner Name McCormick Ewoldt, Susan Beth

Attorney Docket Number KCC 4929

[] Applicant claims small entity status.

METHOD OF PAYMENT

[X] The Commissioner is hereby authorized to charge the indicated fees to Deposit Account No. 19-1345. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.

[] Check Enclosed. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.

FEE CALCULATION

1. [] BASIC FILING, SEARCH AND EXAMINATION FEES
(Type: _____) Subtotal (1) \$ _____

2. [] EXCESS CLAIM FEES

Total Claims _____ - _____ (HP) = _____ x Fee _____ = \$ _____
Indep Claims _____ - _____ (HP) = _____ x Fee _____ = \$ _____
Multiple Dependent Claims Fee _____
(HP = highest number of claims paid for) Subtotal (2) \$ _____

3. [] APPLICATION SIZE FEE

Total Pages _____ - 100 = _____ + 50 = _____ x \$250 = \$ _____
(Application + Drawings) (round up to whole #)

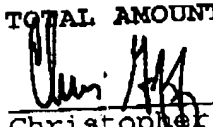
Subtotal (3) \$ _____

4. [X] OTHER FEE(S)

[X] One _____ month extension of time
[] Information disclosure statement
[] 37 CFR 1.17(q) processing fee
[] Non-English specification
[] Notice of Appeal
[] Filing a brief in support of appeal
[] Request for oral hearing
[] Other: _____

Subtotal (4) \$ 120.00

TOTAL AMOUNT OF PAYMENT \$ 120.00


Christopher M. Goff, Reg. No. 11,885
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Date

July 7, 2005